

## Fill in this information to identify the case:

Debtor name Southern Inyo Healthcare DistrictUnited States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIACase number (if known) 1:16-bk-10015-FEC
☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.
**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>121 Medical Inc.</b> <b>8100 Wyoming Blvd</b> <b>#181</b> <b>Albuquerque, NM 87113</b> Date or dates debt was incurred <u>February 2015</u> Last 4 digits of account number <u>d605</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$188.48</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Abbot Laboratories</b> <b>Nutrition Division</b> <b>75 Remittance #1310</b> <b>Chicago, IL 60675-1310</b> Date or dates debt was incurred <u>February 2015</u> Last 4 digits of account number <u>3445</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,511.91</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>ABC Fire Service</b> <b>1025 Telegraph Street</b> <b>Reno, NV 89502</b> Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,168.17</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Ability Network Inc.</b> <b>Department CH 16577</b> <b>Palatine, IL 60055-6577</b> Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,627.00</b>

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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Advanced Medical Management</b> <b>Carissa Jordan-Contract Support</b> <b>5000 Airport Plaza Drive</b> <b>Suite 150</b> <b>Long Beach, CA 90815</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Adventist Health Inc.</b> <b>Accounting Department</b> <b>P.O. Box 619002</b> <b>Roseville, CA 95661-9002</b> Date or dates debt was incurred <u>October 2014</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,171.74</b>
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3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Aetna</b> <b>151 Farmington Avenue</b> <b>Hartford, CT 06156</b> Date or dates debt was incurred <u>July 2014</u> Last 4 digits of account number <u>4152</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$722.70</b>
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>AHA</b> <b>P.O. Box 92247</b> <b>Chicago, IL 60675</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number <u>2940</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,655.00</b>
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3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Alco Sales &amp; Service Co</b> <b>6851 High Grove Blvd.</b> <b>Willowbrook, IL 60527</b> Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$655.30</b>
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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Alere No America</b> <b>P.O. Box 846153</b> <b>Boston, MA 22840-6153</b> Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number <u>5970</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,334.22</b>
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Alger Company Inc.</b> <b>320 Flightline Road</b> <b>Leander, TX 78645</b> Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$152.17</b>
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Alpha Fund</b> <b>P.O. Box 619084</b> <b>Roseville, CA 95661</b>  Date or dates debt was incurred <u>November 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$18.70</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Alpha Fund Workers Comp.</b> <b>P.O. Box 619084</b> <b>Roseville, CA 95661</b>  Date or dates debt was incurred <u>January 2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$10,500.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Altaware, Inc.</b> <b>26522 La Alameda #180</b> <b>Mission Viejo, CA 92691</b>  Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number <u>9136</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,160.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Alturdyne</b> <b>660 Steele Street</b> <b>El Cajon, CA 92020</b>  Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,555.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>American Business Machine</b> <b>P.O. Box 2737</b> <b>Bakersfield, CA 93303-2737</b>  Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$16.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>American Profeiciency Inst.</b> <b>Department 9526</b> <b>P.O. Box 30516</b> <b>Lansing, MI 48909</b>  Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,265.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Amerigas</b> <b>P.O. Drawer G</b> <b>Lone Pine, CA 93545</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$370.62</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Anderson, Jack R</b> <b>570 Sunset Dr.</b> <b>Lone Pine, CA 93545</b>  Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20.00</b>
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Andreas Haack</b> <b>Klixstr 24</b> <b>Berlin, Germany 13403</b>  Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$212.00</b>
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Andy Werking</b> <b>3353 Bradshaw Road, Suite 210</b> <b>Sacramento, CA 95827</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,000.00</b>
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Antelope Valley Flue</b> <b>John Corbett DBA</b> <b>P.O. Box 265</b> <b>Rosamond, CA 93560</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$280.00</b>
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>ANTHEM BC MCM</b> <b>PO BOX 60007</b> <b>LOS ANGELES, CA 90060-0007</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Anthem Blue Cross</b> <b>Attn: Terry Marinas</b> <b>2121 North California Blvd.</b> <b>Walnut Creek, CA 94596</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Anthem Blue Cross CA</b> <b>P.O. Box 51011</b> <b>Los Angeles, CA 90051</b>  Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$110.74</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Asana Heritage Telemed</b> <b>5016 Chesebro Road, Suite 200</b> <b>Agoura Hills, CA 91301</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,168.00</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Aspen Street Architects, Inc.</b> <b>P.O. Box 370</b> <b>Angels Camp, CA 95222</b>  Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,525.09</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>ATI</b> <b>7522 Tyrone Avenue</b> <b>Van Nuys, CA 91405</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,308.00</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>BC / BS Federal</b> <b>P.O. Box 70000</b> <b>Van Nuys, CA 91470</b>  Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,215.00</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>BC LIFE &amp; HEALTH</b> <b>PO BOX 60007</b> <b>CMSP</b> <b>LOS ANGELES, CA 90060-0007</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>BC SISC III</b> <b>PO BOX 80308</b> <b>SALINAS, CA 93912</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Ben Jones</b> <b>151 S. Lakeview St.</b> <b>Lone Pine, CA 93545</b>  Date or dates debt was incurred <u>2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt (Wage Claim)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$116,000.00</b>
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Berguem, Said</b> <b>550 Fall Rd.</b> <b>P.O. Box 52</b> <b>Olancho, CA 93549</b> Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20.00</b>
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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Bermudez, Lisa</b> <b>1445 Birchim Lane</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10.00</b>
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3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Bestway Laundry Solutions</b> <b>1035 East Third Street</b> <b>Corona, CA 92879</b> Date or dates debt was incurred <u>09/17/2010</u> Last 4 digits of account number <u>2887</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Beta Healthcare Group</b> <b>Finance Department</b> <b>1443 Danville Blvd.</b> <b>Alamo, CA 94507</b> Date or dates debt was incurred <u>January 2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,798.34</b>
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3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Beta Healthcare Group</b> <b>1443 Danville Blvd.</b> <b>Alamo, CA 94507</b> Date or dates debt was incurred <u>January 2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$596.59</b>
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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Bishop Welding Supply</b> <b>180 Short Street</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,043.46</b>
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Blue Cross</b> <b>21555 Oxnard Street</b> <b>Woodland Hills, CA 91367</b> Date or dates debt was incurred <u>July 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$833.27</b>
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Debtor Name	Case number (if known)	
<b>Southern Inyo Healthcare District</b>	<b>1:16-bk-10015-FEC</b>	
<b>3.40</b> Nonpriority creditor's name and mailing address <b>BLUE CROSS</b> <b>PO BOX 60007</b> <b>HEALTHY FAMILIES</b> <b>LOS ANGELES, CA 90060</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.41</b> Nonpriority creditor's name and mailing address <b>Blue Cross</b> <b>Attn: Cathy Moseley</b> <b>2121 North California Blvd.</b> <b>Walnut Creek, CA 94596</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.42</b> Nonpriority creditor's name and mailing address <b>BLUE CROSS OF ARIZONA</b> <b>5810 WEST BELVERLY LANE</b> <b>Administrative Ent.</b> <b>GLENDALE, AZ 85306-1800</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.43</b> Nonpriority creditor's name and mailing address <b>BLUE CROSS OF CA</b> <b>PO BOX 60007</b> <b>2NDARY</b> <b>LOS ANGELES, CA 90060</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.44</b> Nonpriority creditor's name and mailing address <b>BLUE CROSS OF CALIFORNIA</b> <b>PO BOX 1999</b> <b>MOTION PICTURE INDUSTRY</b> <b>STUDIO CITY, CA 91614</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.45</b> Nonpriority creditor's name and mailing address <b>BLUE CROSS-PERS CHOICE</b> <b>PO BOX 60007</b> <b>PRUDENT BUYER PLAN-SIH</b> <b>LOS ANGELES, CA 90060</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.46</b> Nonpriority creditor's name and mailing address <b>BLUE CROSS/BLU SHIELD-FEP</b> <b>PO BOX 70000</b> <b>FEDERAL EMP PROGRAM</b> <b>VAN NUYS, CA 91470</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.47	<b>Nonpriority creditor's name and mailing address</b> <b>BLUE SHIELD</b> <b>PO BOX 1505</b> <b>BLUECARD PROGRAM</b> <b>RED BLUFF, CA 96080-1505</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Blue Shield of CA</b> <b>P.O. Box 272540</b> <b>Chico, CA 95927-2540</b>  Date or dates debt was incurred <u>July 2014</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,822.85</b>
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3.49	<b>Nonpriority creditor's name and mailing address</b> <b>BLUE SHIELD OF CA</b> <b>PO BOX 272540</b> <b>CHICO, CA 95912</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.50	<b>Nonpriority creditor's name and mailing address</b> <b>BLUE SHIELD OF CALIFORNIA</b> <b>P O BOX 272560</b> <b>CHICO, CA 95927-2560</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Blue Shield of California</b> <b>Attn: Mary Li</b> <b>3300 Zinfandel Drive</b> <b>Rancho Cordova, CA 95670</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Bobby Pourziaee DPM Inc</b> <b>512 W Line Street, Suite A</b> <b>Bishop, CA 93514</b>  Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$199.54</b>
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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Briggs Corporation</b> <b>P.O. Box 1355</b> <b>Des Moines, IA 50305-1355</b>  Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,993.82</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Bryon Dittman</b> <b>810 First Street</b> <b>Rochester, PA 15074</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55.00</b>
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3.55	<b>Nonpriority creditor's name and mailing address</b> <b>BSC Supply</b> <b>200 Fifth Avenue, Suite 3020</b> <b>Waltham, MA 02451</b> Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,043.43</b>
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3.56	<b>Nonpriority creditor's name and mailing address</b> <b>By Referral Labels Inc</b> <b>10372 Ashton Avenue</b> <b>Los Angeles, CA 90024</b> Date or dates debt was incurred <u>May 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$325.47</b>
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3.57	<b>Nonpriority creditor's name and mailing address</b> <b>CA Broadband Cooperative</b> <b>Department LA #24227</b> <b>Pasadena, CA 91185</b> Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,350.00</b>
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3.58	<b>Nonpriority creditor's name and mailing address</b> <b>CA Critical Access</b> <b>Hospital Network</b> <b>1215 K Street, #800</b> <b>Sacramento, CA 95814</b> Date or dates debt was incurred <u>January 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
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3.59	<b>Nonpriority creditor's name and mailing address</b> <b>CA Hospital Assoc</b> <b>Accounting Department</b> <b>1215 K Street, Suite 800</b> <b>Sacramento, CA 95814</b> Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,054.00</b>
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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>CA ST Disbursement Unit</b> <b>INYO Child Support</b> <b>P.O. Box 989067</b> <b>West Sacramento, CA 95798-9067</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$92.30</b>
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Debtor Name	Case number (if known)	
<b>Southern Inyo Healthcare District</b>	<b>1:16-bk-10015-FEC</b>	
3.61 Nonpriority creditor's name and mailing address <b>CA Valued Trust</b> <b>520 E Herndon Avenue</b> <b>Fresno, CA 93720</b> Date or dates debt was incurred <u>July 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$213.50</b>
3.62 Nonpriority creditor's name and mailing address <b>CAHF</b> <b>2201 K Street</b> <b>Sacramento, CA 95816</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$666.00</b>
3.63 Nonpriority creditor's name and mailing address <b>CAHHS/CHA</b> <b>Education/Publ Department</b> <b>1215 K Street, Suite 800</b> <b>Sacramento, CA 95814</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,701.00</b>
3.64 Nonpriority creditor's name and mailing address <b>California Broadband Services</b> <b>9116 Elk Grove Blvd</b> <b>Elk Grove, CA 95624</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.65 Nonpriority creditor's name and mailing address <b>CALIFORNIA HEALTH &amp; WELLN</b> <b>PO BOX 4080</b> <b>FARMINGTON, MO 63640-3835</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.66 Nonpriority creditor's name and mailing address <b>California Health and Wellness</b> <b>1740 Creekside OASKD</b> <b>Sacramento, CA 95833</b> Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62.34</b>
3.67 Nonpriority creditor's name and mailing address <b>CALIFORNIA MEDICAL DETACH</b> <b>ATTN: HSHJ-CCD</b> <b>PRESIDIO OF MONTEREY, CA 93944-5006</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>California Valued Trust</b> <b>P.O. Box 45018</b> <b>Fresno, CA 93718</b>  Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,867.50</b>
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Canon Financial Services</b> <b>14904 Collections Center Drive</b> <b>Chicago, IL 60693</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,217.20</b>
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3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health Medical</b> <b>Products and Service</b> <b>P.O. Box 100316</b> <b>Pasadena, CA 91189-0316</b>  Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,953.19</b>
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3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health RX 411</b> <b>c/o Bank of America</b> <b>P.O. Box 56412</b> <b>Los Angeles, CA 90074</b>  Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,993.53</b>
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3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Carefusion</b> <b>25565 Network Place</b> <b>Chicago, IL 60673-1255</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,018.98</b>
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3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Carstens</b> <b>P.O. Box 99110</b> <b>Chicago, IL 60693</b>  Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$140.93</b>
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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>CBI Craigsbook Inc</b> <b>P.O. Box 1764</b> <b>Bishop, CA 93515</b>  Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,134.00</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Cellation Inc</b> <b>Department CH 19325</b> <b>Palatine, IL 60055-9325</b> Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,132.52</b>
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3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Cendecon</b> <b>P.O. Box 995</b> <b>Frazier Park, CA 93225</b> Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$840.00</b>
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3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Centurion Medical Product</b> <b>P.O. Box 842816</b> <b>Boston, MA 02284</b> Date or dates debt was incurred <u>March 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$815.19</b>
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3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Certified Medical Testing</b> <b>7600 N. Ingram Avenue, Suite 234</b> <b>Fresno, CA 93711</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$866.25</b>
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3.79	<b>Nonpriority creditor's name and mailing address</b> <b>CG Roxanne</b> <b>3346 AR-8</b> <b>Norman, AR 71960</b> Date or dates debt was incurred <u>November 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$42.00</b>
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3.80	<b>Nonpriority creditor's name and mailing address</b> <b>CHA</b> <b>1215 K Street, Suite 800</b> <b>Sacramento, CA 95814</b> Date or dates debt was incurred <u>January 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,232.00</b>
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3.81	<b>Nonpriority creditor's name and mailing address</b> <b>CHAMPVA</b> <b>PO BOX 469064</b> <b>DENVER, CO 80246-9064</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	Southern Inyo Healthcare District		Case number (if known)	1:16-bk-10015-FEC
	Name			
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>CHDTP</b> <b>P O BOX 15503</b> <b>E.D.S. FEDERAL CORP</b> <b>SACRAMENTO, CA 95851-1508</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>	
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Chong Luo</b> <b>821 Rainwater Lane</b> <b>Walnut, CA 91789</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,529.56</b>	
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Cianfarano, Sean A</b> <b>651 Share Ave.</b> <b>P. O. Box 159</b> <b>Lone Pine, CA 93545</b> Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20.00</b>	
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Cigna</b> <b>Donella Olsen - Contracts Manager</b> <b>400 Brand Blvd.</b> <b>Suite 300</b> <b>Glendale, CA 91203</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>	
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Cigna Healthcare</b> <b>900 Cottage Grove Road</b> <b>Bloomfield, CT 06002</b> Date or dates debt was incurred <u>July 2014</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$565.60</b>	
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Coast to Coast Computer</b> <b>4277 Valley Fair Street</b> <b>Simi Valley, CA 93063</b> Date or dates debt was incurred <u>March 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$259.20</b>	
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Coast to Coast Healthcare</b> <b>P.O. Box 56346</b> <b>Atlanta, GA 30343</b> Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$223,404.55</b>	

Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Colleen R Wilson</b> <b>151 Alabama Drive</b> <b>Lone Pine, CA 93545</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$911.00</b>
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3.90	<b>Nonpriority creditor's name and mailing address</b> <b>Comprehensive Health Services</b> <b>Attn: Melinda Roxberry-Blankenship</b> <b>10701 Parkridge Blvd.</b> <b>Suite 200</b> <b>Reston, VA 20191</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Cook Medical Inc</b> <b>22988 Network Place</b> <b>Chicago, IL 60673-1229</b>  Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$336.09</b>
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3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Covidien</b> <b>P.O. Box 120823</b> <b>Dallas, TX 75312</b>  Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,867.60</b>
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3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Craneware, Inc.</b> <b>3340 Peachtree Road NE</b> <b>Suite 850</b> <b>Atlanta, GA 30326</b>  Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number <u>4309</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit pending in Johnson County District Court</u> <u>Listed in SOFA</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,000.00</b>
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3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Crispin, Jean</b> <b>1445 S. Main St.</b> <b>P.O. Box 1026</b> <b>Lone Pine, CA 93545</b>  Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.95	<b>Nonpriority creditor's name and mailing address</b> <b>CSAC Excess Ins</b> <b>75 Iron Point Cir # 200</b> <b>Folsom, CA 95630</b>  Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,096.26</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.96	<b>Nonpriority creditor's name and mailing address</b> <b>CTN</b> <b>2001 P Street, Suite 100</b> <b>Sacramento, CA 95811</b> Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$53,000.00</b>
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3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Daily Independent</b> <b>P.O. Box 7</b> <b>Ridgecrest, CA 93555</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$957.10</b>
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3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Daugherty, Veronica</b> <b>2978 Mesquite Rd</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20.00</b>
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3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Dean Vander Wall</b> <b>P.O. Box 189</b> <b>Lone Pine, CA 93545</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,400.00</b>
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3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Definiti</b> <b>26445 Rancho Pkwy S #A</b> <b>Lake Forest, CA 92630</b> Date or dates debt was incurred <u>July 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21.60</b>
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3.101	<b>Nonpriority creditor's name and mailing address</b> <b>Dennis J Schumacher MD</b> <b>P.O. Box 340</b> <b>Big Pine, CA 93513</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,700.00</b>
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3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Dept of Water and Power</b> <b>300 Mandich Lane</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90,000.00</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Dewey Pest Control</b> <b>P.O. Box 7114</b> <b>Pasadena, CA 91109</b>  Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$781.00</b>
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3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Diane Cattabriga</b> <b>P.O. Box 298</b> <b>Bishop, CA 93515</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.00</b>
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3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Direct Supply Healthcare Equip.</b> <b>P.O. Box 88201</b> <b>Milwaukee, WI 53288</b>  Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,559.01</b>
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3.106	<b>Nonpriority creditor's name and mailing address</b> <b>DISABILITY EVALUATION DIV</b> <b>PO BOX 28937</b> <b>SIERRA BRANCH/V61</b> <b>FRESNO, CA 93729-8937</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Donna Mcauley Boone</b> <b>4822 Alison Lane</b> <b>Bishop, CA 93514</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$948.75</b>
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3.108	<b>Nonpriority creditor's name and mailing address</b> <b>Doug Bushell</b> <b>63 Hicks Street, Unit D</b> <b>Meriden, CT 06450</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,800.00</b>
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3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Guestravo Velasquez</b> <b>c/o Kim L. Anglin</b> <b>245 E. Olive Ave.</b> <b>4th Floor</b> <b>Burbank, CA 91502</b>  Date or dates debt was incurred <u>2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Alleged claim for breach of good faith</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.110	<b>Nonpriority creditor's name and mailing address</b> <b>DTSC</b> <b>P.O. Box 1288</b> <b>Sacramento, CA 95812</b> Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$332.50</b>
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3.111	<b>Nonpriority creditor's name and mailing address</b> <b>Dwaynes Friendly Pharmacy</b> <b>644 West Line Street</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,182.68</b>
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3.112	<b>Nonpriority creditor's name and mailing address</b> <b>E Sierra Propane #7869</b> <b>104 Sunland Res Road</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$326.60</b>
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3.113	<b>Nonpriority creditor's name and mailing address</b> <b>E Sierra Propane #7870</b> <b>104 Sunland Res Road</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$844.39</b>
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3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Earl W Ferguson</b> <b>1539 N. China Lake, Suite A</b> <b>Ridgecrest, CA 93555</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,067.85</b>
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3.115	<b>Nonpriority creditor's name and mailing address</b> <b>Eastern Sierra Propane</b> <b>104 Sunland Res. Road</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.116	<b>Nonpriority creditor's name and mailing address</b> <b>ECRI Institute</b> <b>5200 Butler Pike</b> <b>Plymouth Meeting, PA 19462</b> Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor Name	Case number (if known)	
<b>Southern Inyo Healthcare District</b>	<b>1:16-bk-10015-FEC</b>	
3.117 Nonpriority creditor's name and mailing address <b>El Sol de la Sierra</b> <b>P.O. Box 507</b> <b>Bishop, CA 93515</b> Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$340.00</b>
3.118 Nonpriority creditor's name and mailing address <b>Emergency Medical Product</b> <b>25196 Network Place</b> <b>Chicago, IL 60673</b> Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.31</b>
3.119 Nonpriority creditor's name and mailing address <b>Employment Develop Dept</b> <b>P.O. Box 826219</b> <b>Sacramento, CA 94230</b> Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,150.62</b>
3.120 Nonpriority creditor's name and mailing address <b>EUF Corp</b> <b>P.O. Box 2439</b> <b>Chino, CA 91708</b> Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,831.62</b>
3.121 Nonpriority creditor's name and mailing address <b>Everbank Commercial Finance, Inc.</b> <b>P.O. Box 911608</b> <b>Denver, CO 80291</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$945.50</b>
3.122 Nonpriority creditor's name and mailing address <b>Exact Staff</b> <b>21031 Ventura Blvd. #501</b> <b>Woodland Hills, CA 91364</b> Date or dates debt was incurred <u>January 2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.00</b>
3.123 Nonpriority creditor's name and mailing address <b>Fasthealth Corporation</b> <b>1001 23rd Avenue, Suite C</b> <b>Tuscaloosa, AL 35401</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,250.00</b>

Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.124	<b>Nonpriority creditor's name and mailing address</b> <b>Fedex</b> <b>P.O. Box 7221</b> <b>Pasadena, CA 91185</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$183.55</b>
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3.125	<b>Nonpriority creditor's name and mailing address</b> <b>First Financial Corp Lease</b> <b>P.O. 87618</b> <b>Chicago, IL 60680</b> Date or dates debt was incurred <u>May 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$115,256.82</b>
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3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Fisher Healthcare</b> <b>9999 Veterans Memorial Drive</b> <b>Houston, TX 77038</b> Date or dates debt was incurred <u>November 2014</u> Last 4 digits of account number <u>9001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,443.46</b>
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3.127	<b>Nonpriority creditor's name and mailing address</b> <b>Focus &amp; Execute</b> <b>14029 Point Hills</b> <b>Draper, UT 84020</b> Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,699.81</b>
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3.128	<b>Nonpriority creditor's name and mailing address</b> <b>Frances Anne Bramhall</b> <b>P.O. Box 217</b> <b>Keeler, CA 93530</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$345.00</b>
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3.129	<b>Nonpriority creditor's name and mailing address</b> <b>Fusion Medical Staffing</b> <b>11506 Nicholas Street, Unit 110</b> <b>Omaha, NE 68154</b> Date or dates debt was incurred <u>October 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,000.00</b>
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3.130	<b>Nonpriority creditor's name and mailing address</b> <b>Gardners True Value</b> <b>P.O. Box 920</b> <b>Lone Pine, CA 93545</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,521.55</b>
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Debtor Name	Case number (if known)	
<b>Southern Inyo Healthcare District</b>	<b>1:16-bk-10015-FEC</b>	
<b>3.131</b> Nonpriority creditor's name and mailing address <b>GE Healthcare Diagnostic Imaging</b> <b>c/o Michael B. Bach</b> <b>DeHaan &amp; Bach, LPA</b> <b>25 Whitney Drive, Suite 106</b> <b>Milford, OH 45150</b> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,440.70</b>
<b>3.132</b> Nonpriority creditor's name and mailing address <b>GEHA c/o PMCS</b> <b>P.O. Box 4665</b> <b>Independence, MO 64051</b> Date or dates debt was incurred <u>January 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$86.00</b>
<b>3.133</b> Nonpriority creditor's name and mailing address <b>Global Services PLC</b> <b>Corporate Office 3rd Floor</b> <b>66 Wilson Street</b> <b>London EC2A 2BT, UK</b> Date or dates debt was incurred <u>January 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.00</b>
<b>3.134</b> Nonpriority creditor's name and mailing address <b>Globalstar</b> <b>P.O. Box 30519</b> <b>Los Angeles, CA 90030</b> Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,388.21</b>
<b>3.135</b> Nonpriority creditor's name and mailing address <b>Godoy Fino, Olivia</b> <b>1445 Bircham Ln</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20.00</b>
<b>3.136</b> Nonpriority creditor's name and mailing address <b>GOV'T EMPLOYEES HOSP ASSN</b> <b>PO BOX 4665</b> <b>INDEPENDENCE, MO 64051-4665</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.137</b> Nonpriority creditor's name and mailing address <b>Government Employees Health Association</b> <b>Attn: Linda McMurray</b> <b>PO Box 4665</b> <b>310 NE Mulberry Street</b> <b>Lee's Summit, MO 64086</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.138	<b>Nonpriority creditor's name and mailing address</b> <b>Hamblins Plumbing</b> <b>P.O. Box 1199</b> <b>Lone Pine, CA 93545</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$501.45</b>
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3.139	<b>Nonpriority creditor's name and mailing address</b> <b>Hampton, Joel</b> <b>P. O. Box 1199</b> <b>Lone Pine, CA 93545</b>  Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20.00</b>
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3.140	<b>Nonpriority creditor's name and mailing address</b> <b>Hardy Diagnostics</b> <b>1430 W McCoy Lane</b> <b>Santa Maria, CA 93455</b>  Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$53.72</b>
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3.141	<b>Nonpriority creditor's name and mailing address</b> <b>HCCA</b> <b>869 N. Cherry Street</b> <b>Tulare, CA 93274</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Management Company Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.142	<b>Nonpriority creditor's name and mailing address</b> <b>HCPRO</b> <b>P.O. Box 5094</b> <b>Brentwood, TN 37024</b>  Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$464.10</b>
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3.143	<b>Nonpriority creditor's name and mailing address</b> <b>Health Care Logistics</b> <b>P.O. Box 400</b> <b>Circleville, OH 43113</b>  Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$194.70</b>
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3.144	<b>Nonpriority creditor's name and mailing address</b> <b>Health Net</b> <b>21281 Burbank Blvd</b> <b>Woodland Hills, CA 91367</b>  Date or dates debt was incurred <u>June 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$188.00</b>
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Debtor Name	Case number (if known)	1:16-bk-10015-FEC
<b>Southern Inyo Healthcare District</b> Name 3.145 Nonpriority creditor's name and mailing address <b>Health Net</b> <b>Patrice Holloway - Contract Mgr.</b> <b>7755 Center Avenue</b> <b>Suite 800</b> <b>Huntington Beach, CA 92647</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.146 Nonpriority creditor's name and mailing address <b>Health Net</b> <b>Attn: Karen Pham</b> <b>7755 Center Avenue</b> <b>Suite 800</b> <b>Huntington Beach, CA 92647</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.147 Nonpriority creditor's name and mailing address <b>Healthcare Reimbursement</b> <b>2700 Ygnacio Valley, Suite 135</b> <b>Walnut Creek, CA 94598</b> Date or dates debt was incurred <u>February 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,750.00</b>
3.148 Nonpriority creditor's name and mailing address <b>Healthland Inc</b> <b>P.O. Box 856554</b> <b>Trinidad, CA 95570</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,349.34</b>
3.149 Nonpriority creditor's name and mailing address <b>Helmer Scientific</b> <b>P.O. Box 1937, Dept. 30</b> <b>Indianapolis, IN 46206</b> Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,742.09</b>
3.150 Nonpriority creditor's name and mailing address <b>Home Depot Credit Service</b> <b>P.O. Box 183176, Dept. 32</b> <b>Columbus, OH 43218</b> Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,034.69</b>
3.151 Nonpriority creditor's name and mailing address <b>Hospira Worldwide Inc</b> <b>75 Remittance Drive, Suite 6136</b> <b>Chicago, IL 60675</b> Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.152	<b>Nonpriority creditor's name and mailing address</b> <b>Hospital Council</b> <b>North and Central CA</b> <b>515 S. Figueroa, #1300</b> <b>Los Angeles, CA 90071</b> Date or dates debt was incurred <u>December 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,327.00</b>
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3.153	<b>Nonpriority creditor's name and mailing address</b> <b>HUMANA MILITARY HEALTH</b> <b>PO BOX 7032</b> <b>CAMDEN, SC 29020-7032</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.154	<b>Nonpriority creditor's name and mailing address</b> <b>HUMANA MILITARY HEALTHCARE</b> <b>PO BOX 8976</b> <b>TRICARE REGION 13</b> <b>MADISON, WI 53707-8976</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.155	<b>Nonpriority creditor's name and mailing address</b> <b>Idville</b> <b>5376 52nd Street, SE</b> <b>Grand Rapids, MI 49512</b> Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.95</b>
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3.156	<b>Nonpriority creditor's name and mailing address</b> <b>Immucor Inc</b> <b>P.O. Box 102118</b> <b>Atlanta, GA 30368</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$936.91</b>
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3.157	<b>Nonpriority creditor's name and mailing address</b> <b>Independence Lions Club</b> <b>P.O. Box 532</b> <b>Independence, CA 93526</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.00</b>
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3.158	<b>Nonpriority creditor's name and mailing address</b> <b>Inetba</b> <b>250 Pilot Road, Suite 300</b> <b>Las Vegas, NV 89119</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,289.06</b>
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Debtor Name	Case number (if known)	
<b>Southern Inyo Healthcare District</b>	<b>1:16-bk-10015-FEC</b>	
<b>3.159</b> Nonpriority creditor's name and mailing address <b>INTER VALLEY HEALTH PLAN</b> <b>PO BOX 6002</b> <b>PAMONA, CA 91769</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.160</b> Nonpriority creditor's name and mailing address <b>Inyo Co Environmental Health Department</b> <b>P.O. Box 427</b> <b>Independence, CA 93526</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$178.00</b>
<b>3.161</b> Nonpriority creditor's name and mailing address <b>Inyo Co Sheriffs Office</b> <b>Civil Division</b> <b>P.O. Box S</b> <b>Independence, CA 93526</b> Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55.00</b>
<b>3.162</b> Nonpriority creditor's name and mailing address <b>Inyo County Water System</b> <b>c/o Wilder Bartow</b> <b>P.O. Box 1004</b> <b>Independence, CA 93526</b> Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,008.97</b>
<b>3.163</b> Nonpriority creditor's name and mailing address <b>Inyo Register</b> <b>1180 N. Main, Suite 108</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$664.33</b>
<b>3.164</b> Nonpriority creditor's name and mailing address <b>J &amp; J Health Care Systems</b> <b>P.O. Box 406663</b> <b>Atlanta, GA 30384</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,108.99</b>
<b>3.165</b> Nonpriority creditor's name and mailing address <b>John P. Anderson, M.D.</b> <b>John P. Anderson, M.D., Inc.</b> <b>3033 W Orange Ave</b> <b>Anaheim, CA 92804</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number <u>7277</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lawsuit pending in California Orange County Superior Court</u> <u>Listed in SOFA</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,355.00</b>

Debtor Name	Case number (if known)	1:16-bk-10015-FEC
<b>Southern Inyo Healthcare District</b> Name 3.166 Nonpriority creditor's name and mailing address <b>Johnson and Johnson</b> <b>PO Box 406663</b> <b>Atlanta, GA 30384-6663</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.167 Nonpriority creditor's name and mailing address <b>Josephs Market</b> <b>P.O. Box 1090</b> <b>Lone Pine, CA 93545</b> Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$308.18</b>
3.168 Nonpriority creditor's name and mailing address <b>Juan Manuel Huerta, III</b> <b>c/o Daniel G. Sheldon, Esq.</b> <b>Scolinos, Sheldon &amp; Nevell</b> <b>301 North Lake Avenue, 7th Floor</b> <b>Pasadena, CA 91101</b> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim: <u>Alleged claim by a minor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.169 Nonpriority creditor's name and mailing address <b>JWT &amp; Associates LLC</b> <b>1111 E. Herndon Avenue</b> <b>Suite 211</b> <b>Fresno, CA 93720</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,499.98</b>
3.170 Nonpriority creditor's name and mailing address <b>Keith J Andersen</b> <b>P.O. Box 873</b> <b>Bishop, CA 93515</b> Date or dates debt was incurred <u>December 2014</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$205.89</b>
3.171 Nonpriority creditor's name and mailing address <b>Kemp, Mandy</b> <b>244 Rosedale</b> <b>Independence, CA 93526</b> Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$111.67</b>
3.172 Nonpriority creditor's name and mailing address <b>Kenneth L Saeger MD</b> <b>Attn: Mindi Osman</b> <b>9788 Wexford Circle</b> <b>Granite Bay, CA 95746</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,833.33</b>

Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.173	<b>Nonpriority creditor's name and mailing address</b> <b>Kenneth L. Saeger MD</b> <b>Attn: Mindi Osman</b> <b>9788 Wexford Circle</b> <b>Granite Bay, CA 95746</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Business Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.174	<b>Nonpriority creditor's name and mailing address</b> <b>Kiss - FM</b> <b>P.O. Box 757</b> <b>Bishop, CA 93515</b> Date or dates debt was incurred <u><b>November 2015</b></u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Business Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,500.00</b>
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3.175	<b>Nonpriority creditor's name and mailing address</b> <b>Kleine, Anita</b> <b>c/o Michael Kleine</b> <b>302 Farallon Ave.</b> <b>Pacifica, CA 94044</b> Date or dates debt was incurred <u><b>April 2015</b></u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Business Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,666.00</b>
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3.176	<b>Nonpriority creditor's name and mailing address</b> <b>KSRW Sierra Wave</b> <b>1280 N. Main Street</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred <u><b>March 2015</b></u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Business Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$768.00</b>
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3.177	<b>Nonpriority creditor's name and mailing address</b> <b>Labcorp of America</b> <b>P.O. Box 12140</b> <b>Burlington, NC 27216</b> Date or dates debt was incurred <u><b>October 2015</b></u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Business Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$756.10</b>
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3.178	<b>Nonpriority creditor's name and mailing address</b> <b>Laboratory Specialists</b> <b>400 East Clark Avenue, Suite B</b> <b>Santa Maria, CA 93455</b> Date or dates debt was incurred <u><b>November 2015</b></u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Business Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,713.29</b>
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3.179	<b>Nonpriority creditor's name and mailing address</b> <b>Labsco</b> <b>1951 Bishop Lane, Suite 300</b> <b>Louisville, KY 40218</b> Date or dates debt was incurred <u><b>November 2015</b></u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Business Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$232.63</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.180	<b>Nonpriority creditor's name and mailing address</b> <b>Lambdin, Julie</b> <b>371 W. Bush St.</b> <b>P.O. Box 143</b> <b>Lone Pine, CA 93545</b> Date or dates debt was incurred <u>November 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10.00</b>
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3.181	<b>Nonpriority creditor's name and mailing address</b> <b>Lamos, Paul</b> <b>625 Alabama Dr.</b> <b>Lone Pine, CA 93545</b> Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9.61</b>
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3.182	<b>Nonpriority creditor's name and mailing address</b> <b>Landauer Inc</b> <b>P.O. Box 809051</b> <b>Chicago, IL 60680</b> Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$166.92</b>
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3.183	<b>Nonpriority creditor's name and mailing address</b> <b>Lee Baron</b> <b>201 Dominy Road</b> <b>Lone Pine, CA 93545</b> Date or dates debt was incurred <u>February 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Alleged Breach of Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.184	<b>Nonpriority creditor's name and mailing address</b> <b>Leggett, Beverly L</b> <b>c/o Jaime Brown</b> <b>204 W. Mariposa Ave.</b> <b>Ridgecrest, CA 93555</b> Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$238.00</b>
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3.185	<b>Nonpriority creditor's name and mailing address</b> <b>Leroy Kritz</b> <b>P.O. Box 784</b> <b>Lone Pine, CA 93545</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80,000.00</b>
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3.186	<b>Nonpriority creditor's name and mailing address</b> <b>Lisa Gorlick</b> <b>1335 Rocking W Drive, #353</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,702.50</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.187	<b>Nonpriority creditor's name and mailing address</b> <b>Lone Pine Cable</b> <b>P.O. Box 867</b> <b>Lone Pine, CA 93545</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utility</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.188	<b>Nonpriority creditor's name and mailing address</b> <b>Lone Pine Chamber of Commerce</b> <b>P.O. Box 749</b> <b>Lone Pine, CA 93545</b>  Date or dates debt was incurred <u>February 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$425.00</b>
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3.189	<b>Nonpriority creditor's name and mailing address</b> <b>Luna, Vianey</b> <b>215 S. Mt. Whitney Dr.</b> <b>P.O. Box 1081</b> <b>Lone Pine, CA 93545</b>  Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20.00</b>
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3.190	<b>Nonpriority creditor's name and mailing address</b> <b>Mammoth Hospital</b> <b>P.O. Box 100 PMB 700</b> <b>Mammoth Lakes, CA 93546</b>  Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$98,181.13</b>
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3.191	<b>Nonpriority creditor's name and mailing address</b> <b>MARINE DIVISION</b> <b>1 MAR DIV</b> <b>ATTN CO AID ST</b> <b>RECON CO HQBN</b> <b>CAMP PENDLETON, CA 92055</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.192	<b>Nonpriority creditor's name and mailing address</b> <b>Mary Stewart</b> <b>P.O. Box 240</b> <b>Olancho, CA 93549</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$850.00</b>
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3.193	<b>Nonpriority creditor's name and mailing address</b> <b>McKesson Medical Surgical</b> <b>P.O. Box 51020</b> <b>Los Angeles, CA 90051</b>  Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,118.74</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.194	<b>Nonpriority creditor's name and mailing address</b> <b>Med Pass Inc</b>  <b>L3495</b> <b>Columbus, OH 43260</b> Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119.50</b>
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3.195	<b>Nonpriority creditor's name and mailing address</b> <b>Med-RT LLC</b> <b>834F S. Perry Street, #111</b> <b>Castle Rock, CO 80104</b> Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,800.00</b>
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3.196	<b>Nonpriority creditor's name and mailing address</b> <b>Medassets Inc</b> <b>P.O. Box 405652</b> <b>Atlanta, GA 30384</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,640.00</b>
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3.197	<b>Nonpriority creditor's name and mailing address</b> <b>MEDI-CAL</b> <b>PO BOX 15600</b> <b>SACRAMENTO, CA 95852</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.198	<b>Nonpriority creditor's name and mailing address</b> <b>MEDI-CAL L.A. CARE</b> <b>PO BOX 570590</b> <b>TARZANA, CA 91357</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.199	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL FAMILY PACT</b> <b>PO BOX 942732</b> <b>SACRAMENTO, CA 94234-7320</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.200	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Imaging Consulting, Inc.</b> <b>531 Main Street, #1175</b> <b>El Segundo, CA 90245</b> Date or dates debt was incurred <u>March 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,850.00</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.201	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Positioning, Inc.</b> <b>1717 Washington</b> <b>Kansas City, MO 64108</b> Date or dates debt was incurred <u>August 2010</u> Last 4 digits of account number <u>9287</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.202	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Solutions Inc</b> <b>9101 Western Avenue, Suite 101</b> <b>Omaha, NE 68114</b> Date or dates debt was incurred <u>September 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$133,958.42</b>
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3.203	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICARE RAILROAD</b> <b>1301 CLAY ST</b> <b>OAKLAND FED BLD</b> <b>#392N</b> <b>OAKLAND, CA 94612</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.204	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICARE/NORIDAIN</b> <b>PO BOX 6770</b> <b>FARGO, ND 58108-6770</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.205	<b>Nonpriority creditor's name and mailing address</b> <b>Medtox Diagnostics Inc</b> <b>P.O. Box 60575</b> <b>Charlotte, NC 28260</b> Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,271.70</b>
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3.206	<b>Nonpriority creditor's name and mailing address</b> <b>Mettler Electronics Corp</b> <b>1333 S. Claudina Street</b> <b>Anaheim, CA 92805</b> Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$114.25</b>
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3.207	<b>Nonpriority creditor's name and mailing address</b> <b>Micro Technology Inc</b> <b>18179 Meadowlark Lane</b> <b>Lake Oswego, OR 97034</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$185.00</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.208	<b>Nonpriority creditor's name and mailing address</b> <b>Microgenics Corp</b> <b>7055 Collections Ctr</b> <b>Chicago, IL 60693</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$993.50</b>
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3.209	<b>Nonpriority creditor's name and mailing address</b> <b>Microsoft Corp</b> <b>P.O. Box 842103</b> <b>Dallas, TX 75282-2103</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$900.00</b>
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3.210	<b>Nonpriority creditor's name and mailing address</b> <b>Mike Perez</b> <b>c/o Brian E. Reed</b> <b>530 West Lancaster Boulevard</b> <b>Lancaster, CA 93534</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Alleged Medical Malpractice Claim</u> <u>Listed in SOFA</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.211	<b>Nonpriority creditor's name and mailing address</b> <b>Milton R Jones MD</b> <b>P.O. Box S</b> <b>Lone Pine, CA 93545</b>  Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,895.00</b>
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3.212	<b>Nonpriority creditor's name and mailing address</b> <b>MIT LLC</b> <b>P.O. Box 39</b> <b>Medford, OR 97501</b>  Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,175.00</b>
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3.213	<b>Nonpriority creditor's name and mailing address</b> <b>MJL &amp; Associates</b> <b>377 Marina Park Lane</b> <b>Long Beach, CA 90803</b>  Date or dates debt was incurred <u>March 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,000.00</b>
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3.214	<b>Nonpriority creditor's name and mailing address</b> <b>Model Dairy LLC</b> <b>Dept. 2170</b> <b>Los Angeles, CA 90084</b>  Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,726.96</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.215	<b>Nonpriority creditor's name and mailing address</b> <b>Moore Medical LLC</b> <b>P.O. Box 99718</b> <b>Chicago, IL 60696</b> Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,941.80</b>
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3.216	<b>Nonpriority creditor's name and mailing address</b> <b>MSP</b> <b>PO BOX 1528</b> <b>AUGUSTA, GA 30903-1528</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.217	<b>Nonpriority creditor's name and mailing address</b> <b>MXR</b> <b>4444 Viewridge Ave., Suite A</b> <b>San Diego, CA 92123</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,201.29</b>
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3.218	<b>Nonpriority creditor's name and mailing address</b> <b>NARHC</b> <b>2 East Main Street</b> <b>Fremont, MI 49412</b> Date or dates debt was incurred <u>December 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>
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3.219	<b>Nonpriority creditor's name and mailing address</b> <b>NAVAL OFFICE OF MEDICAL</b> <b>PO BOX 886999</b> <b>OFFICER IN CHARGE</b> <b>GREAT LAKES, IL 60088-6999</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.220	<b>Nonpriority creditor's name and mailing address</b> <b>Nave &amp; Cortell LLP</b> <b>4580 E. Thousand Oaks</b> <b>Suite 300</b> <b>Thousand Oaks, CA 91362</b> Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,120.50</b>
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3.221	<b>Nonpriority creditor's name and mailing address</b> <b>Newell, Beverly</b> <b>1172 S. Main St.</b> <b>P.O. Box 609</b> <b>Lone Pine, CA 93545</b> Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107.48</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name _____	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.222	<b>Nonpriority creditor's name and mailing address</b> <b>Noridian Medicare</b> <b>P.O. Box 6770</b> <b>Fargo, ND 58108-6770</b> Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37.42</b>
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3.223	<b>Nonpriority creditor's name and mailing address</b> <b>Northern Inyo Hospital</b> <b>150 Pioneer Lane</b> <b>Bishop, CA 93514</b> Date or dates debt was incurred <u>March 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,362.62</b>
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3.224	<b>Nonpriority creditor's name and mailing address</b> <b>Novarad Corporation</b> <b>752 E. 1180 S.</b> <b>Suite 200</b> <b>American Fork, UT 84003</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,888.16</b>
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3.225	<b>Nonpriority creditor's name and mailing address</b> <b>NRACO Service Corp</b> <b>P.O. Box 1330</b> <b>Nevada City, CA 95959</b> Date or dates debt was incurred <u>March 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$152,500.00</b>
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3.226	<b>Nonpriority creditor's name and mailing address</b> <b>Office of Statewide Health Plan (OSHPD)</b> <b>400 R Street, Suite 359</b> <b>Sacramento, CA 95811</b> Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,405.32</b>
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3.227	<b>Nonpriority creditor's name and mailing address</b> <b>Olancha Cartago FD</b> <b>P.O. Box 64</b> <b>Olancha, CA 93549</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.00</b>
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3.228	<b>Nonpriority creditor's name and mailing address</b> <b>Olive, Leonard</b> <b>c/o Joan Olive</b> <b>312 S. Washington</b> <b>Independence, CA 93526</b> Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,910.20</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.229	<b>Nonpriority creditor's name and mailing address</b> <b>Omnicell Inc</b> <b>P.O. Box 204650</b> <b>Dallas, TX 75320</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,284.16</b>
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3.230	<b>Nonpriority creditor's name and mailing address</b> <b>Onestaff Medical</b> <b>11819 Miracle Hills, Suite 101</b> <b>Omaha, NE 68154</b>  Date or dates debt was incurred <u>October 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49,237.50</b>
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3.231	<b>Nonpriority creditor's name and mailing address</b> <b>Ossur North America Inc</b> <b>P.O. Box 51942</b> <b>Los Angeles, CA 90051</b>  Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$823.24</b>
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3.232	<b>Nonpriority creditor's name and mailing address</b> <b>Overpayment Recovery</b> <b>P.O. Box 92420</b> <b>Cleveland, OH 44193</b>  Date or dates debt was incurred <u>September 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,085.05</b>
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3.233	<b>Nonpriority creditor's name and mailing address</b> <b>Pacific Telemanagement</b> <b>2001 Crow Canyon Road, Suite 201</b> <b>San Ramon, CA 94583</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$510.48</b>
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3.234	<b>Nonpriority creditor's name and mailing address</b> <b>PACIFICARE</b> <b>PO BOX 6006</b> <b>ADMIN. SERVICES DIVISION</b> <b>CYPRESS, CA 90630-0006</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.235	<b>Nonpriority creditor's name and mailing address</b> <b>Palmetto GBA, LLC</b> <b>P.O. Box 1332</b> <b>Augusta, GA 30903-1332</b>  Date or dates debt was incurred <u>June 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65.93</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.236	<b>Nonpriority creditor's name and mailing address</b> <b>Patterson Medical</b> <b>P.O. Box 93040</b> <b>Chicago, IL 60673</b>  Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,729.76</b>
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3.237	<b>Nonpriority creditor's name and mailing address</b> <b>Petrak &amp; Associates, Inc.</b> <b>2255 Morello Avenue, Suite 201</b> <b>Pleasant Hill, CA 94523</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,848.50</b>
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3.238	<b>Nonpriority creditor's name and mailing address</b> <b>PGBA</b> <b>P O BOX 870006</b> <b>SURFSIDE BEACH, SC 29587-8706</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.239	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes Global</b> <b>Financial Services</b> <b>P.O. Box 371887</b> <b>Pittsburgh, PA 15250-7887</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$724.70</b>
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3.240	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes Reserve Account</b> <b>P.O. Box 223648</b> <b>Pittsburgh, PA 15250</b>  Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$400.00</b>
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3.241	<b>Nonpriority creditor's name and mailing address</b> <b>Plumbing Company</b> <b>c/o Lynne M. Sandlin</b> <b>P.O. Box 713</b> <b>Death Valley, CA 92328</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$425.00</b>
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3.242	<b>Nonpriority creditor's name and mailing address</b> <b>Praxair Distribution, Inc.</b> <b>Department LA 21511</b> <b>Pasadena, CA 91185</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,748.45</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.243	<b>Nonpriority creditor's name and mailing address</b> <b>PreEmployment.Com</b> <b>P.O. Box 491570</b> <b>Redding, CA 96049</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,082.66</b>
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3.244	<b>Nonpriority creditor's name and mailing address</b> <b>PREFERRED IPA OF CA</b> <b>PO BOX 4449</b> <b>CHATSWORTH, CA 91313</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.245	<b>Nonpriority creditor's name and mailing address</b> <b>Preferred Septic &amp; Disp</b> <b>1280 N. Main Street, Suite 1</b> <b>Bishop, CA 93514</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,462.42</b>
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3.246	<b>Nonpriority creditor's name and mailing address</b> <b>Premier ER Physicians CA</b> <b>7032 Collection Ctr Drive</b> <b>Chicago, IL 60693</b>  Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$445,158.16</b>
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3.247	<b>Nonpriority creditor's name and mailing address</b> <b>Prithviraj Dharmaraja</b> <b>High Desert Gastroen</b> <b>P.O. Box 5988</b> <b>Lancaster, CA 93539</b>  Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$926.51</b>
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3.248	<b>Nonpriority creditor's name and mailing address</b> <b>Prognosis Innovation Healthcare</b> <b>805 Walker Street</b> <b>Houston, TX 77002</b>  Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$54,129.32</b>
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3.249	<b>Nonpriority creditor's name and mailing address</b> <b>QTC Medical Group A+</b> <b>22030 Sherman Way, Suite 118</b> <b>Canoga Park, CA 91303</b>  Date or dates debt was incurred <u>July 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40.00</b>
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Debtor Name	Case number (if known)	1:16-bk-10015-FEC
<b>Southern Inyo Healthcare District</b> Name 3.250 Nonpriority creditor's name and mailing address <b>Quang Dink Vo, Inc.</b> <b>2418 Ulric Street</b> <b>San Diego, CA 92111</b> Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,065.36</b>
3.251 Nonpriority creditor's name and mailing address <b>Quill Corp.</b> <b>P.O. Box 37600</b> <b>Philadelphia, PA 19101-0600</b> Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$187.42</b>
3.252 Nonpriority creditor's name and mailing address <b>R&amp;D Systems, Inc.</b> <b>Accounts Receivable</b> <b>614 McKinley Pl. NE</b> <b>Minneapolis, MN 55413</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$444.96</b>
3.253 Nonpriority creditor's name and mailing address <b>RD's For Healthcare, Inc.</b> <b>1420 W. Kettleman Lane N5</b> <b>Lodi, CA 95242</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$447.20</b>
3.254 Nonpriority creditor's name and mailing address <b>Readylink Healthcare</b> <b>P.O. Box 1047</b> <b>Thousand Palms, CA 92276</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,984.60</b>
3.255 Nonpriority creditor's name and mailing address <b>Recovery Services - United Healthcare</b> <b>P.O. Box 740804</b> <b>Atlanta, GA 30374</b> Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$949.70</b>
3.256 Nonpriority creditor's name and mailing address <b>REGENCE BLUE SHIELD</b> <b>PO BOX 30271</b> <b>SALT LAKE CITY, UT 84130</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Medical Provider Agreement</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.257	<b>Nonpriority creditor's name and mailing address</b> <b>Relayhealth, Inc.</b> <b>P.O. Box 98347</b> <b>Chicago, IL 60693</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,978.85</b>
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3.258	<b>Nonpriority creditor's name and mailing address</b> <b>Relias Learning, LLC</b> <b>Department CH 16894</b> <b>Palatine, IL 60055</b>  Date or dates debt was incurred <u>May 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,078.65</b>
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3.259	<b>Nonpriority creditor's name and mailing address</b> <b>Renaissance Imaging Medical Assoc Inc.</b> <b>P.O. Box 190</b> <b>Simi Valley, CA 93062</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,715.00</b>
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3.260	<b>Nonpriority creditor's name and mailing address</b> <b>Ringcentral, Inc.</b> <b>Dept. CH 19585</b> <b>Palatine, IL 60055</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,357.10</b>
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3.261	<b>Nonpriority creditor's name and mailing address</b> <b>Roger Steppe</b> <b>34890 Grape Avenue</b> <b>Yucaipa, CA 92399</b>  Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.262	<b>Nonpriority creditor's name and mailing address</b> <b>Sandra Sue Spiedel</b> <b>42296 Valley Center</b> <b>Newberry Springs, CA 92365</b>  Date or dates debt was incurred <u>June 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$486.40</b>
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3.263	<b>Nonpriority creditor's name and mailing address</b> <b>Sanofi Pasteur, Inc.</b> <b>12458 Collections Center Drive</b> <b>Chicago, IL 60693</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,508.53</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.264	<b>Nonpriority creditor's name and mailing address</b> <b>Sarah Waddell</b> <b>121 White Mountain</b> <b>Bishop, CA 93514</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$130.00</b>
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3.265	<b>Nonpriority creditor's name and mailing address</b> <b>Satcom Global, Inc.</b> <b>3130 N. Arizona Avenue, Suite 105</b> <b>Chandler, AZ 85225</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$444.00</b>
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3.266	<b>Nonpriority creditor's name and mailing address</b> <b>Schulyer House</b> <b>27821 Fremont Court, Unit 8</b> <b>Valencia, CA 91355</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,200.00</b>
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3.267	<b>Nonpriority creditor's name and mailing address</b> <b>SECURE HORIZONS</b> <b>PO BOX 52078</b> <b>PHOENIX, AZ 85072-2078</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.268	<b>Nonpriority creditor's name and mailing address</b> <b>SECURE HORIZONS PACIFICARE</b> <b>PO BOX 489</b> <b>CYPRESS, CA 90630-0489</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.269	<b>Nonpriority creditor's name and mailing address</b> <b>Shell</b> <b>Fleet Plus</b> <b>P.O. Box 9001015</b> <b>Louisville, KY 40290</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.50</b>
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3.270	<b>Nonpriority creditor's name and mailing address</b> <b>Shippert Medical Technol</b> <b>6248 S. Troy Circle, Unit A</b> <b>Englewood, CO 80111</b>  Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$128.00</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.271	<b>Nonpriority creditor's name and mailing address</b> <b>Siemens Healthcare</b> <b>P.O. Box 121102</b> <b>Dallas, TX 75312</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,370.21</b>
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3.272	<b>Nonpriority creditor's name and mailing address</b> <b>Sierra Fire Sprinkler, Inc.</b> <b>P.O. Box 1766</b> <b>Bishop, CA 93515</b>  Date or dates debt was incurred <u>October 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$400.00</b>
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3.273	<b>Nonpriority creditor's name and mailing address</b> <b>Sierra Reader</b> <b>236 N. Warren Street</b> <b>Bishop, CA 93515</b>  Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,566.00</b>
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3.274	<b>Nonpriority creditor's name and mailing address</b> <b>Sierra Security Systems, Inc.</b> <b>P.O. Box 1206</b> <b>Bishop, CA 93515</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$445.50</b>
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3.275	<b>Nonpriority creditor's name and mailing address</b> <b>SIH Donation Account</b> <b>1239 East Main Street</b> <b>Carbondale, IL 62902</b>  Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,914.04</b>
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3.276	<b>Nonpriority creditor's name and mailing address</b> <b>SISC</b> <b>2000 K Street</b> <b>Bakersfield, CA 93303-1847</b>  Date or dates debt was incurred <u>June 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$194.79</b>
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3.277	<b>Nonpriority creditor's name and mailing address</b> <b>SISC III-SECONDARY</b> <b>PO BOX 80308</b> <b>SALINAS, CA 93912</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.278	<b>Nonpriority creditor's name and mailing address</b> <b>Sotera Wireless, Inc.</b> <b>10020 Huennekens Street</b> <b>San Diego, CA 92121</b>  Date or dates debt was incurred <u>June 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47,720.42</b>
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3.279	<b>Nonpriority creditor's name and mailing address</b> <b>SourceOne Healthcare Technologies</b> <b>4444 Viewridge Avenue, #A</b> <b>San Diego, CA 92123</b>  Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number <u>mNo3</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,701.29</b>
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3.280	<b>Nonpriority creditor's name and mailing address</b> <b>Southeast Publications</b> <b>7676 Peters Road, Suite B</b> <b>Fort Lauderdale, FL 33324-0403</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,218.00</b>
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3.281	<b>Nonpriority creditor's name and mailing address</b> <b>Staples Credit Plan</b> <b>Dept 00 05075932</b> <b>P.O. Box 183174</b> <b>Columbus, OH 43218</b>  Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,121.50</b>
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3.282	<b>Nonpriority creditor's name and mailing address</b> <b>STATE OF CALIFORNIA</b> <b>P O BOX 942732</b> <b>DEPARTMENT OF HEALTH SERV</b> <b>SACRAMENTO, CA 94234-7320</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.283	<b>Nonpriority creditor's name and mailing address</b> <b>Steris Corporation</b> <b>Attn: AR</b> <b>P.O. Box 644063</b> <b>Pittsburgh, PA 15264</b>  Date or dates debt was incurred <u>July 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$94.89</b>
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3.284	<b>Nonpriority creditor's name and mailing address</b> <b>Streck</b> <b>P.O. Box 45625</b> <b>Omaha, NE 68145</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$843.03</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.285	<b>Nonpriority creditor's name and mailing address</b> <b>T System, Inc.</b> <b>Dept. 2537</b> <b>P.O. Box 122537</b> <b>Dallas, TX 75312</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,789.36</b>
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3.286	<b>Nonpriority creditor's name and mailing address</b> <b>Telequality Communication</b> <b>3150 Power Inn Road</b> <b>Sacramento, CA 95826</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$550.00</b>
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3.287	<b>Nonpriority creditor's name and mailing address</b> <b>Teri Giovanine</b> <b>587 Hammond Street</b> <b>Bishop, CA 93514</b>  Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$428.76</b>
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3.288	<b>Nonpriority creditor's name and mailing address</b> <b>Thomas K. Reid, MD</b> <b>157 Pioneer Lane</b> <b>Bishop, CA 93514</b>  Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.63</b>
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3.289	<b>Nonpriority creditor's name and mailing address</b> <b>Thomas Petroleum</b> <b>P.O. Box 677289</b> <b>Dallas, TX 75267</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,212.18</b>
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3.290	<b>Nonpriority creditor's name and mailing address</b> <b>Thomas Petroleum (Haycock)</b> <b>481 E. Line St.</b> <b>Bishop, CA 93514</b>  Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.291	<b>Nonpriority creditor's name and mailing address</b> <b>Tiger Direct</b> <b>P.O. Box 935313</b> <b>Atlanta, GA 31193</b>  Date or dates debt was incurred <u>August 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,680.07</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.292	<b>Nonpriority creditor's name and mailing address</b> <b>TOIYABE INDIAN HEALTH SVC</b> <b>52 TUSU LANE</b> <b>INDIAN HEALTH SERVICES</b> <b>BISHOP, CA 93514</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.293	<b>Nonpriority creditor's name and mailing address</b> <b>Tosoh Bioscience, Inc.</b> <b>P.O. Box 712415</b> <b>Cincinnati, OH 45271</b>  Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,142.00</b>
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3.294	<b>Nonpriority creditor's name and mailing address</b> <b>Tri Anim Health Services</b> <b>25197 Network Place</b> <b>Chicago, IL 60673</b>  Date or dates debt was incurred <u>November 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$335.56</b>
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3.295	<b>Nonpriority creditor's name and mailing address</b> <b>TRICARE</b> <b>PO BOX 7065</b> <b>CAMDEN, SC 29021-7065</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.296	<b>Nonpriority creditor's name and mailing address</b> <b>TRICARE WEST REGION</b> <b>PO BOX 7064</b> <b>CAMDEN, SC 29021-7064</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.297	<b>Nonpriority creditor's name and mailing address</b> <b>TriStar Managed Care</b> <b>Attn: Candice Willis</b> <b>PO Box 10220</b> <b>Santa Ana, CA 92711-1967</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Medical Provider Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.298	<b>Nonpriority creditor's name and mailing address</b> <b>Udaya De Silva, MD</b> <b>P.O. Box 4037</b> <b>Lancaster, CA 93539</b>  Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,120.86</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.299	<b>Nonpriority creditor's name and mailing address</b> <b>United Blood Services</b> <b>Blood Systems, Inc.</b> <b>P.O. Box 53022</b> <b>Phoenix, AZ 85072</b> Date or dates debt was incurred <u>September 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,855.00</b>
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3.300	<b>Nonpriority creditor's name and mailing address</b> <b>United Health Care</b> <b>5757 Plaza Drive</b> <b>Concord, CA 94520</b> Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,893.80</b>
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3.301	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED HEALTH MILITARY &amp; VETERANS SERVICES, LLC</b> <b>ATTN: REGAN RISTICH</b> <b>2222 W. DUNLAP AVE.</b> <b>PHOENIX, AZ 85021</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.302	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED HEALTHCARE</b> <b>PO BOX 10066</b> <b>RAILROAD MEDICARE</b> <b>AUGUSTA, GA 30999</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.303	<b>Nonpriority creditor's name and mailing address</b> <b>United Healthcare</b> <b>Attn: Sherie Lovell</b> <b>8880 Cal Center Drive</b> <b>Suite 300</b> <b>Sacramento, CA 95826</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.304	<b>Nonpriority creditor's name and mailing address</b> <b>United Healthcare</b> <b>Attn: Corey Kirichkow</b> <b>5757 Place Drive</b> <b>Cypress, CA 90630</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.305	<b>Nonpriority creditor's name and mailing address</b> <b>United healthcare Insurance Company</b> <b>Jay A. Ronning, CDM, UHC</b> <b>185 Asylum Street - 03B</b> <b>Hartford, CT 06103</b> Date or dates debt was incurred <u>2010-2014</u> Last 4 digits of account number <u>mNo7</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,245.41</b>
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Debtor	<b>Southern Inyo Healthcare District</b> Name	Case number (if known)	<b>1:16-bk-10015-FEC</b>
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3.306	<b>Nonpriority creditor's name and mailing address</b> <b>United Teacher Association</b> <b>11200 Lakeline Blvd #100</b> <b>Austin, TX 78717</b> Date or dates debt was incurred <u>February 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.09</b>
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3.307	<b>Nonpriority creditor's name and mailing address</b> <b>Uptodate</b> <b>95 Sawyer Road</b> <b>Waltham, MA 02453</b> Date or dates debt was incurred <u>April 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,600.00</b>
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3.308	<b>Nonpriority creditor's name and mailing address</b> <b>Usarad Holdings Inc</b> <b>6278 N. Federal Hwy., Suite 500</b> <b>Fort Lauderdale, FL 33308</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
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3.309	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon California</b> <b>P.O. Box 920041</b> <b>Dallas, TX 75392</b> Date or dates debt was incurred <u>December 2015</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,404.58</b>
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3.310	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Credit, Inc.</b> <b>201 N. Frankin Street</b> <b>Suite 3300</b> <b>Tampa, FL 33602-5813</b> Date or dates debt was incurred <u>February 2004</u> Last 4 digits of account number <u>0594</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.311	<b>Nonpriority creditor's name and mailing address</b> <b>VICTIMS OF CRIME</b> <b>PO BOX 3036</b> <b>STATE BOARD OF CONTROL</b> <b>SACRAMENTO, CA 95812-3036</b> Date or dates debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Provider Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.312	<b>Nonpriority creditor's name and mailing address</b> <b>WPS/Tricare</b> <b>P.O. Box 7889</b> <b>Madison, WI 53707-7889</b> Date or dates debt was incurred <u>July 2014</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13.60</b>
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Debtor **Southern Inyo Healthcare District**  
Name

Case number (if known)

**1:16-bk-10015-FEC**

3.313 Nonpriority creditor's name and mailing address

**Zoll Medical Corp**  
**P.O. Box 27028**  
**New York, NY 10087**Date or dates debt was incurred May 2015

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.***\$115.15**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Business DebtIs the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Abbott Diabetes</b> <b>P.O. Box 92679</b> <b>Chicago, IL 60675-2679</b>	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.2	<b>Beta Healthcare Group</b> <b>Auto/Property Insurance</b> <b>1443 Danville Blvd.</b> <b>Alamo, CA 94507</b>	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.3	<b>CA ST Disbursement Unit</b> <b>Child Support Services</b> <b>P.O. Box 989067</b> <b>West Sacramento, CA 95798-9067</b>	Line <u>3.60</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.4	<b>Craneware Inc.</b> <b>P.O. Box 934241</b> <b>Atlanta, GA 31193</b>	Line <u>3.93</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.5	<b>CT Corporation System</b> <b>818 West Seventh St.</b> <b>Suite 930</b> <b>Los Angeles, CA 90017</b>	Line <u>3.310</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.6	<b>Emergency Physicians Medical Group</b> <b>c/o Richard Elliott</b> <b>Legal Investigations Group, LLC</b> <b>3245 Main St., Suite 235-206</b> <b>Frisco, TX 75034</b>	Line <u>3.246</u> <input type="checkbox"/> Not listed. Explain _____	<u>1718</u>
4.7	<b>Eric C. Carter</b> <b>114 North Cherry St.</b> <b>Olathe, KS 66061</b>	Line <u>3.93</u> <input type="checkbox"/> Not listed. Explain _____	<u>4309</u>
4.8	<b>Greenberg, Grant &amp; Richards, Inc.</b> <b>5858 Westheimer, 5th Floor</b> <b>Houston, TX 77057</b>	Line <u>3.293</u> <input type="checkbox"/> Not listed. Explain _____	<u>6924</u>
4.9	<b>Incorp Services, Inc.</b> <b>5716 Corsa Ave.</b> <b>Suite 110</b> <b>Thousand Oaks, CA 91362-7354</b>	Line <u>3.93</u> <input type="checkbox"/> Not listed. Explain _____	<u>4309</u>

Debtor <b>Southern Inyo Healthcare District</b> Name		Case number (if known) <b>1:16-bk-10015-FEC</b>
Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 0 <b>James Arlen Stearman</b> <b>1235 N Harbor Blvd Ste 200</b> <b>Fullerton, CA 92832</b>	Line <b>3.165</b> <input type="checkbox"/> Not listed. Explain _____	<b>7277</b>
4.1 1 <b>Laboratory Specialists International</b> <b>4834 Crestwood Court</b> <b>Santa Maria, CA 93455</b>	Line <b>3.178</b> <input type="checkbox"/> Not listed. Explain _____	—
4.1 2 <b>Med Pass</b> <b>One Reynolds Way</b> <b>Dayton, OH 45430</b>	Line <b>3.194</b> <input type="checkbox"/> Not listed. Explain _____	—
4.1 3 <b>Pitney Bowes Global Financial Services</b> <b>Attn: Box 371887</b> <b>500 Ross Street Suite 154-0470</b> <b>Pittsburgh, PA 15262-0001</b>	Line <b>3.239</b> <input type="checkbox"/> Not listed. Explain _____	—
4.1 4 <b>Praxair Distribution</b> <b>Attn: Gloria</b> <b>2301 SE Creekview</b> <b>Ankeny, IA 50021</b>	Line <b>3.242</b> <input type="checkbox"/> Not listed. Explain _____	—
4.1 5 <b>Sanofi Pasteur, Inc.</b> <b>Attn: Chris Ferner</b> <b>Discovery Drive</b> <b>Swiftwater, PA 18370-0187</b>	Line <b>3.263</b> <input type="checkbox"/> Not listed. Explain _____	<b>mNo4</b>
4.1 6 <b>Sierra Reader</b> <b>P.O. Box 507</b> <b>Bishop, CA 93515</b>	Line <b>3.273</b> <input type="checkbox"/> Not listed. Explain _____	—
4.1 7 <b>Telequality Communication</b> <b>21232 Gathering Oaks, Suite 107</b> <b>San Antonio, TX 78260</b>	Line <b>3.286</b> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.**

5a. Total claims from Part 1

Total of claim amounts	
5a.	\$ <b>0.00</b>

5b. Total claims from Part 2

5b.	+ \$ <b>2,554,883.25</b>
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5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c.	\$ <b>2,554,883.25</b>
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